

**Training Registration Form**  
**Potential Child and Adult Care Food Program Institutions**  
[Those registered must be present for the entire training session]

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

**(Owner, Director, or Board Chairperson)**

**(Limited to two people per Institution)**

**Institution/Organization**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

**Please indicate below the institution type as well as the location and month you wish to attend the Potential Institution Training.**

- \_\_\_ **Independent Institution**
- \_\_\_ **Sponsoring Organization Unaffiliated**
- \_\_\_ **Sponsoring Organization Affiliated**

**Location** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Register early, session may fill to capacity. Registrants can be accepted until capacity is reached.\***

**Registration should be faxed or mailed to:**  
**Potential Institution Training**  
**Special Nutrition Programs**  
**Attention: Kim Daniels-Jackson**  
**1914 Mail Service Center**  
**Raleigh, NC 27699-1914**  
**Phone: (919) 707-5784**  
**Fax: (919) 870-4818**

**You will receive confirmation of your registration and directions to the training site within two weeks of the training.**